U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
E (NG222005)				
Q <sub>MS</sub> ORD				
1. File Number U - 16092	2. Fiscal Year Covered From:			
	01/01/2004 Through: 12/31/2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name James   L   Hamric	Name Bridge, Structural and Ornamental Iron Workers 25 Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 365			
Street 2265 Cambridge	Street 25150 Trans X Drive			
City Trenton	City Novi			
State Michigan ZIP Code + 4 48183	State Michigan ZIP Code + 4 48376			
5. Position in labor organization.   President, Downriver Business Agent				
Titesident, powilities business Adent				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
	1			
Signed James T. Namue	on 8/11/05 348-344-9494			
Signed James T. Hamrie	On 8/11/05 248-344-9494 Telephone Number			

Name of Person Filing James L. Hamric	ł	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Klimist, McKnight, Sale, McClow & Canza Trade Name, if any: Attorneys at Law  P.O. Box, Bldg., Room No., if any  Street 400 Galleria Officenter, Suite 117  City \$outhfield  State Michigan ZIP Code + 4 48034	X a. Labor Organizat  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Legal Co	puncil .		
Street	11.b. Approximate dollar valu	e of such dealing. 113,723.87		
State ZIP Code + 4	12.a. Nature of interest held 2 baseball t	tickets; dinner for 2		
	12.b. Amount.	\$164.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:	i :			
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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Name of Person Filing James L. Hamric	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other or an employer whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).  Name Mesirow Financial Asset Mgt, Inc.	9. Business deals with:			
Trade Name, if any:	a. Labor Organization  X  b. Trust			
P.O. Box, Bldg., Room No., If any Suite 350 Street 220 Park Ave.	c. Employer	İ		
State Michigan ZIP Code + 4 48009				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name  Trade Name, if any:  P.O. 8ox, Bldg., Room No., if any	Investment Money Manager			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Dinner for 2			
	12.b. Amount.	\$138.17		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			